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CONFIRMATION NO. 8461

<b>SERIAL NUMBER</b> 10/091,745	<b>FILING OR 371(c) DATE</b> 03/05/2002 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3713	<b>ATTORNEY DOCKET NO.</b> 58,493 (71699)
<b>APPLICANTS</b> James H. Anderson, Columbia, MD; William R. Brody, Baltimore, MD; Chee-Kong Chui, Singapore, SINGAPORE; Yiyu Cai, Singapore, SINGAPORE; Yaoping Wang, Normanton Park, SINGAPORE; Wieslaw L. Nowinski, Nus Kent Vale, SINGAPORE;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/273,733 03/08/2001 and claims benefit of 60/273,734 03/08/2001 <i>a-c</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/08/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after mel Allowance Verified and Acknowledged <i>Signature</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 50
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 21874				
<b>TITLE</b> Simulation method for designing customized medical devices				
<b>FILING FEE RECEIVED</b> 883	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit	